

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90033 014 ***150.00

DOCUMENT # P98000006494

1. Entity Name
LAWLOR, WINSTON & JUSTICE, P.A.

Principal Place of Business
**500 S.E. 17TH STREET
 SUITE 200
 FT LAUDERDALE FL 33316**

Mailing Address
**500 S.E. 17TH STREET
 SUITE 200
 FT LAUDERDALE FL 33316**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1290 E. Oakland Park Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 100

P.O. Box 70710

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip Country
33334 USA

Zip Country
33307 USA

4. FEI Number **65-0807935**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINSTON, ANDREW Y
 500 SE 17 ST
 STE 200
 FT. LAUDERDALE FL 33316**

Name **WINSTON, ANDREW Y.**
 Street Address (P.O. Box Number is Not Acceptable)
1290 E. Oakland Park Blvd
STE 100
 City **Fort Lauderdale FL** Zip Code **33334**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Andrew Winston**
 Signature, typed or printed name of registered agent and title if applicable.

4/26/01
 (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **LAWLOR, JOHN K**
 STREET ADDRESS **1630 NORTH FEDERAL HIGHWAY**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

TITLE **D** ☒ Change ☐ Addition
 NAME **LAWLOR, JOHN K.**
 STREET ADDRESS **1290 E. Oakland Park Blvd. Ste 100**
 CITY-ST-ZIP **Fort Lauderdale, FL 33334**

TITLE **D** ☐ Delete
 NAME **WINSTON, ANDREW Y**
 STREET ADDRESS **1630 NORTH FEDERAL HIGHWAY**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **D** ☒ Change ☐ Addition
 NAME **WINSTON, ANDREW Y**
 STREET ADDRESS **1290 E. Oakland Park Blvd. Ste 100**
 CITY-ST-ZIP **Fort Lauderdale, FL 33334**

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Andrew Winston**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 **954-525-2345**
 Date Daytime Phone #

CR2E034 (10/00)